

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445047		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/27/2011	
NAME OF PROVIDER OR SUPPLIER  IMPERIAL GARDENS HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 37115			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 425 SS=E	<p>During complaint investigation numbers TN00027431, TN00027417, TN00027816, TN00027718, TN00027589, TN00027166, conducted on April 27, 2011, Imperial Gardens Health and Rehabilitation, no deficiencies were cited in relation to the complaint under 42 CFR PART 482.13, Requirements for Long Term Care.</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, policy review, and interview, the facility failed to ensure narcotic destruction reconciliation was completed for</p>			F 425	<p>This Plan of Correction affirms our allegation of compliance for the deficiencies cited, however, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction has been respectfully developed and submitted as required for compliance with federal and state regulations.</p> <p>F 425</p> <p>A log for receiving/tracking the discontinued controlled medications was re-established immediately 03/07/2011. <u>(see attachment #1).</u></p> <p>All residents discontinued controlled medications in the facility have the potential to be affected by this practice.</p> <p>The policy regarding destruction of controlled substance was reviewed. The DON/Designee will receive all controlled medications for destruction and count, log, verify and sign the control sheet. The consultant pharmacist will review monthly during facility visits. The licensed nursing staff were in-serviced on the policy for discontinuing, securing, and destruction of controlled medication on</p>		5/12/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 425	<p>Continued From page 1</p> <p>seven (#8, #9, #10, #11, #12, #13, #14,) residents of eight reviewed for discontinued narcotic destruction.</p> <p>The findings included:</p> <p>Review of a facility investigation dated March 28, 2011, revealed during a controlled substance destruction conducted on March 7 through March 8, 2011, the consultant Pharmacist documented discontinued controlled drugs were unaccounted for or missing. The facility was unable to account for 224 -225 controlled medications for seven residents. The consultant pharmacist immediately began an investigation. The investigation included review of monthly Admission and Discharge reports, discontinued pain and Anxiolytic medications, Discharge Summaries report January through March 7, 2011; in addition MAR (medication administration record) documentation, drug destruction log dated January 16, 2011, and interview with hospice provider (for resident #8). The facility was unable to account for 3-4 fentanyl Patches, 30 Narco, 43 Oxycontin, 60 Hydrocodone, 28 Alprazolam, 60 Endocet.</p> <p>Review of policy "Handling of Discontinued Drugs" revealed "...controlled medications...c. The Director of Nursing will ensure the nurse responsible the discontinued controlled medications documents appropriately on the Narcotic Count Sheet, co-signed by the Director of Nursing upon receipt of medication. D. The Director of Nursing will log the medication on the Drug deposition form and indicate Controlled Substance ...f on at least a monthly basis, the</p>	F 425	<p>05/12/2011. (see attachment #2) All nurses will be in-serviced on admission and annually regarding medication destruction.</p> <p>The DON and/or designee, will monitor and report any variances, including continued non-compliance to the Administrator for further action if indicated. The DON will report any trends or patterns to the QI Committee for necessary interventions.</p>		

MAY 12 2011

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F 425	<p>Continued From page 2</p> <p>Director of Nursing and consultant pharmacist will follow established standards of practice in destroying these controlled drugs ..."</p> <p>Interview with the Administrator and the Corporate Consultant on April 12, 2011, at 1:00 p.m., in the conference room, confirmed a controlled substance destruction review was conducted with the above findings. Continued interview confirmed the facility has changed the locks to the Director of Nursing Office and the closet in the Director of Nursing office (key cannot be duplicated) on March 25, 2011, and the DON and the Administrator are the only staff to have a key; the file cabinet (used for double locking the discontinued narcotics) was replaced on March 28, 2011 with Administrator and DON with a key. Further interview revealed the Plant Operations staff had access to the closet (prior to missing narcotics) but not the file cabinet, and the plant operations staff were drug screened with negative results. Further interview revealed on April 6, 2011, the facility began to in-service all licensed staff on the proper procedure for removal of discontinued controlled medication and completed 100% licensed staff in-service on April 14, 2011. Further interview confirmed the Board of Nursing, Board of Pharmacy, and the State Agency were notified of the missing narcotics.</p> <p>Interview with the pharmacy consultant and the Administrator on April 13, 2011, at 9:00 a.m., in the conference room, confirmed the consultant usually reviews the controlled substance destruction log monthly. Continued interview confirmed resident #14 had Endocet 10/325 mg missing that had been discontinued and awaiting destruction, with the controlled substance sheet was found (outside of the locked file cabinet</p>	F 425			

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F 425	Continued From page 3 under some papers) wrapped around the medication bubble pack with one signature indicating 60 tabs (tablets), however, the card was empty of medication. Resident #12 had Oxycontin 5mg missing that was discontinued and was awaiting destruction; resident #13 had Xanax .25 mg discontinued and awaiting destruction; resident #8 had Fentanyl patch 12.5 mcg discontinued and awaiting destruction; resident #9 had Hydrocodone 5/325mg discontinued and awaiting destruction; resident #10, had Lortab 5/325 mg discontinued and awaiting destruction, and resident #11 had Oxycodone 5mg discontinued and awaiting Further interview confirmed the Pharmacy consultant had not completed the reconciliation of controlled substance destruction review at the end of the month of February 2011.  c/o TN00027784	F 425			

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